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PUBLIC PROTECTION CABINET
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DIVISION OF HVAC
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TELEPHONE: (502) 573 – 0395 FAX: (502) 573 – 1401
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Inactive – Reactivation Master HVAC Contractor Form

I, Master HVAC Contractor License #: _____, hereby make application for:

• **Inactive Status**

- **Inactivation fee of \$20.00 is enclosed**

• **Reactivation Status**

- **Reactivation fee of \$20.00 is enclosed**
- **License renewal fee of \$250.00 is enclosed**
- **Certificate of Insurance enclosed**

Personal Information

Name: _____ Telephone #: (_____)_____-_____
Last First Middle Initial

Address: _____
(Street, Route, or P O Box Number) (County Name)

City: _____ State: _____ Zip: _____

Company Information

Company Name: _____ Telephone #: (_____)_____-_____
(Street, Route, or P O Box Number) (County Name)

Company Address: _____
(Street, Route, or P O Box Number) (County Name)

City: _____ State: _____ Zip: _____

Send Mail to: Home Address _____ Company Address _____

Applicant Signature: _____ SS#: _____-_____-_____
HVAC 14 (07-08)



Equal Opportunity Employer M/F/D